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Music, Health and Wellbeing

When Plato speculated on the power of music saying “Music gives soul to the universe, wings to the mind, flight to the imagination and life to everything” he emphasised the inextricable link that exists between music and wider psychological and social variables. This link is complex and multifaceted but is undoubtedly one reason why music is implicated in a vast and growing number of publications investigating the relationship between music, health and wellbeing. The following article presents a model for conceptualising music, health and wellbeing. It defines and summarises the major components of the model and highlights the parallels, contrasts and points of overlap for the different disciplines involved in this area. The relationship between arts participation and health has exploded onto to the international academic agenda over the past ten years. Motivated by a desire to investigate innovative, non invasive and economically viable interventions, that embrace contemporary definitions of health, practitioners and researchers across the world have been developing and researching arts inventions. The focus of this research has been on activities that that not only facilitate the exploration of creativity but are also enjoyable, accessible and have significant impact upon key health indicators and it appears that music is uniquely suited to fulfil these criteria. This article presents an overview of these interventions.

Insert Figure 1 about here

Music Therapy

There are a number of discrete but related areas that can be considered when taking an overarching view of the disciplines involved in Music Health and Wellbeing. The first is music therapy and it is important to acknowledge that while the field of music, health and wellbeing is currently experiencing significant interest, the discipline of music therapy has a long history of research dating back to the early part of the 20th century. Indeed, the profession of music therapy within a modern context has been developing practice and producing research for nearly 100 years and this work has had a significant impact as is evidenced by other articles in this volume. A key element of music therapy process is an emphasis upon the therapeutic relationship between clinicians and clients. The focus will be upon positive psychological and/or physiological benefits for the participants and interventions will be delivered by qualified music therapists. Thus, music interventions that fall under the music therapy category will tend not to have musical developments in terms of increasing technical skills as a primary objective nor will they be primarily concerned with a general increase in artistic activities within the musical domain. Recent advances in music therapy have developed new models of practice that incorporate community based activities. In particular community music therapy is one example and the related concept of *Health Musicing* also broadens the music therapy approach to include a multitude of activities outwith the conventional clinical context. Thus there are fundamental features of music therapy practice that are distinctive from all other interventions and there are areas of overlap as represented by the model. Pothoulaki, MacDonald and Flowers (2012) report the results of a music therapy intervention investigating the relationship between the categories of

community music and music therapy. In this study patients at a cancer hospice received group music therapy focused on improvisation

Community Music

Community music often has increased access to musical activities outside of conventional institutional setting rather than therapeutic effects as a primary concern. Community choirs and community percussion classes are good example of community music interventions. Also, one objective may be to provide an opportunity for creative expression in informal settings and there may not be an emphasis on the development of discreet technical skills. However, many community music interventions view positive psychological benefits as an important secondary benefit. So a community choir may give older adults the chance to enjoy singing together but the enjoyment, freedom and expression and social support afforded by a choir may bring about developments in self confidence and self esteem. Thus there is an overlap between a community music interventions and music therapy interventions. Indeed, many of the published papers within community music discuss the wider benefits of community music activities. These benefits may be for the individual but they also extend to the group and in some cases reach out further to resolve conflicts and develop empathy between different groups.

MacDonald and Miell (2002) report one type of community based study investigating a community music intervention focused on playing a Javanese Gamelan. The primary aims of the Gamelan workshops were to increase access to enjoyable creative music activities for individuals with mild or moderate learning difficulties. However, a secondary goal of the intervention was the development of specific music skills for the participants. Furthermore, it was also hypothesised that the participants would develop along a number of psychological dimensions. Thus, this community music intervention also had educational objectives (the development of music skills) and therapeutic objectives (psychological developments). In comparison to a number of control groups, the experimental of 20 individuals who attended one hour of Gamelan workshops once a week for three months showed significant improvement in musical ability and communication skills. Moreover, the communication improvements correlated with the musical improvement scores. A subsequent qualitative study investigated the subjective experiences of individuals who took part in similar activities organised by the music company. The qualitative interviews highlighted the importance of these types of community music activities for developing positive music identities, highlighting the interplay between community music, music education and therapeutic outcomes.

Music education

Recent advances within music education suggest this area has much to contribute to the music health and wellbeing agenda. In most contexts music education is defined by an explicit focus upon the development of conventional music skills. For example, many music classes in schools and universities focus on developing instrumental technique or specific technical knowledge. Private lessons may involve pupils being taught by a teacher with the goal of passing grade exams. Once again the primary function is not therapeutic or social,

however, many music educationalists are interested in the wider benefits of music teaching. Recent research has begun to investigate the effects of conventional music lessons upon other non musical aspects of psychological functioning and here there is an overlap with music therapy and community music. For example, can attending music lessons produce significant increases in other cognitive areas? Also, the revolution that has taken place within music education over the past 20 years means that school and university music education is no longer dominated by western classical music. It is now possible to study popular music and engage in music more informal types music activities with a music education framework. Thus, music education now has overlaps with community music as well with music therapy.

Every day uses of music

The 4th segment of figure 1, everyday uses of music, is not a distinct field of practice in the way the other sections are, however, it has significant relevance to the debate around the effects of music on health and well being. Continuing research within the psychology of music has highlighted the profound effects of music listening. As many articles in the volume highlight there is no doubt that music is a separate channel of communication affecting our emotions in significant ways. Every time music is selected for listening purposes a number of very sophisticated and highly nuanced psychological assessments concerning the listener(s) and the environment are made. For example, how do I feel right now, how do I want to feel in five minutes what music will help me achieve these goals. Who else is listening? What they will think of my musical choices? Importantly these complex psychological assessments are made quickly and in many ways without explicit conscious effort. In this way we recognise that our musical listening has profound effects on how we feel and can also effect the other people that may listening to our music. Music listening is therefore crucially implicated in mood maintenance and we can therefore think of our music selection as a form of psychological self help. This issue has become even more important as modern technological advances mean that we can now listen to our own personal music collection 24 hours a day. The key point here is that informal music listening may have significant positive effects upon our health and wellbeing and there is a growing recognition that this is now an important field of study. Thus, everyday uses of music has overlaps with music therapy. Everyday music listening also overlaps with community music and music education in many ways in the sense that musical tastes and listening habits inform decisions about how to engage in music making. Also, music listening form an important part of many formal music education programmes.

Music Medicine

The final section of the graph, Music Medicine, refers to a specialised area of work within music health and wellbeing taking place in medical contexts. It is a more focused and specialised discipline with less people working in this area than in the other broader categories of the model. However, it can be considered a distinct field of practice with textbooks, journal articles dedication to this area. The work of Ralph Sptinge has been particularly influential in developing the practice of music medicine. A typical type of music medicine intervention may involve patients undergoing operations listening to music to help reduce pain and anxiety perceptions. There is a growing body of evidence highlighting the positive effect of music in interventions upon both psychological and physiological parameters. In this sense music medicine interventions are closely related to music therapy as they explicitly have therapeutic outcomes as a primary objective. Another important point is that most music medicine interventions use “prescribed music” and clinicians informed assumptions about the effects of particular pieces of music upon patients’ psychological and

physiological function. The relationship between structure and preference within a music health and wellbeing context is the focus for a number of current projects in this area (Knox et al, 2011)

Summary

Music is always about more than just acoustic event or notes on a page. Music's universal and timeless potential to influence how we feel lies at the heart of why music has been implicated in vast swathes of recent research exploring the links between music health and wellbeing. This is partly because the concept of universal musicality is no longer a utopian ideal. We are all musical every human being has a biological guarantee of musicianship and there is now compelling research evidence from right across the academic spectrum to support this assertion. Not only are we all musical but music can be utilised for numerous positive health benefits. It is important to highlight that music in and of itself may not produce positive effects. The application of music for health and wellbeing purposes needs to be applied in knowledgeable evidence based ways. However there is growing evidence that when this is undertaken music can have significant positive effects. While there is still much to learn about process and outcomes regarding the possible and positive effects of music interventions it does seem that music, health and wellbeing is a field of practice and research that has major contributions to make in positively influencing key aspects of health.

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